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| 23552 | 7590 02/17 | /2009 | n | | | • | | |
| MERCHANT P.O. BOX 2903 MINNEAPOLIS | I S ac tr | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | |
| | | | Γ | Megan M. Mi | ller | $\overline{}$ | (Деро | ositor's name) |
| | | | Γ | 1 ka | 200 | 4 ~ | | (Signature) |
| | | | | April 2/1, 20 | 09 (f | ile electron | ically) | (Date) |
| APPLICATION NO. | FILING DATE | FILING DATE | | OR C | ATTO | RNEY DOCKET NO. | CONFIRMATIC | ON NO. |
| 10/549,546 | 09/14/2005 | | Martine Barth | 11123.0101USWO | | 123.0101USWO | 1427 | |
| TITLE OF INVENTION PAIN | N: BENZENESULPHON | AMIDE DERIVATIVES | S, METHOD FOR PRO | DUCTION AND U | SE THE | REOF FOR TREATM | ENT OF | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV PAID ISS | UE FEE | TOTAL FEE(S) DUE | DATE D | UE |
| nonprovisional | NO | \$1510 | \$300 | \$ 0 | \$0 | | 05/18/2009 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | ╛ | | | | |
| MURRAY, JEFFREY H | | 1624 | 514-250000 | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME A PLEASE NOTE: Uni | | | • | | nee is id | entified below, the do | cument has been | n filed for |
| | the patent. If an assignee is identified below, the document has been filed for g an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Laboratoires Fournier S.A. Dijon, France | | | | | | | | |
| Please check the appropr | iate assignee category or | categories (will not be pr | inted on the patent): | Individual 🖾 (| Corporati | on or other private gro | up entity 🗖 Go | vernment |
| | are submitted: Fo small entity discount p For Copies Two (2) | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form). | | | | | | |
| 5. Change in Entity Sta | tus (from status indicated s SMALL ENTITY statu | | ☐ b. Applicant is no le | onger claiming SM/ | ALL ENT | CITY status. See 37 CF | R 1.27(g)(2). | |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if requ | ired) will not be accepte | d from anyone other than | | | | _ | er party in |
| Authorized Signature | Dun [] | MM | | Date <u>Ap</u> r | il 21 | , 2009 | | |
| Typed or printed name | Gregory A. Se | ebald | | Registration | No 3 | 3,280 | | _ |
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